Evidence for addition on cause of death shown on Film G128 - 9/14/50.as

08047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 5 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Preston
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) DeWitt (Last) Boland
4. DATE OF DEATH (Month) 8 (Dey) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/12/1858
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painters Helper
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Fred Boland
14. MOTHER'S MAIDEN NAME Anna Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Martha Boland Greensboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr Nephritis

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis

186a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Neck of Femur

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Greensboro (COUNTY) Caroline (STATE) Md.
TIME OF INJURY (Month) (Dey) (Year) (Hour) April 7, 1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell at home. (9-14-50 - ams)

22. I hereby certify that I attended the deceased from April 1, 1950, to Aug. 11, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 2:30 P.m. from the causes and on the date stated above.

SIGNATURE Charles H Pomeroy (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 8/12/50
NAME OF CEMETERY OR CREMATORY Silver Brook
LOCATION (City, town, or county) Wil. Del. (State) 8/11/50

DATE REC'D BY LOCAL REG. Aug 12, 1950
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

340V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08048

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Denton — LENGTH OF STAY (in this place): Twk
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Penna. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburg
STREET ADDRESS (If rural, give location): 913 Western Ave.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) S. (Last) COWEN

4. DATE OF DEATH: (Month) AUG. (Day) 31 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 8, 1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elec. Maint.

10b. KIND OF BUSINESS OR INDUSTRY: Allis Chalmers

11. BIRTHPLACE (State or foreign country): Pittsburg, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Cowen

14. MOTHER'S MAIDEN NAME: Theodora E. Lehman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: J. H. Hirshberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Cardiac Acclusion	Sudden
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heat Stroke	Few Minutes
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Hanson V George (Degree or title) M-D — ADDRESS: Deptg Medical Examiner - Denton Md — DATE SIGNED: 9/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 4 1950 — NAME OF CEMETERY OR CREMATORY: Chartres — LOCATION (City, town, or county) (State): Pittsburg, Penna.

DATE REC'D BY LOCAL REG.: 9/1/50 — REGISTRAR'S SIGNATURE: Wm D O'Feird

24. FUNERAL DIRECTOR: J. Virgil Moore — ADDRESS: Denton, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hobbs — LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hobbs
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) TIRZAH (Middle) (Last) FRAZIER

4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct 7, 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bonney

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Houston Towers, Hobbs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Non Toxic Goitre

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to Aug. 9, 1950, that I last saw the deceased alive on Aug. 8, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: Charles H Towers Jr (Degree or title) MD — ADDRESS: Greensboro Md — DATE SIGNED: Aug 10 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 11, 1950 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county): Denton (State): Md.

DATE REC'D BY LOCAL REG.: 8/11/50 — REGISTRAR'S SIGNATURE: Mrs D A Gunge

24. FUNERAL DIRECTOR: J Virgil Moore & Son — ADDRESS: Denton

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MARYLAND STATE DEPARTMENT OF HEALTH

08050

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) OVID (Last) LEDNUM

4. DATE OF DEATH: (Month) AUG. (Day) 23 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Dec. 8 1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): druggist
10b. KIND OF BUSINESS OR INDUSTRY: Drug
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James Lednum
14. MOTHER'S MAIDEN NAME: Adeline Hignutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Wm. Ovid Lednum, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 days
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8, 1950, to 8/23, 1950, that I last saw the deceased alive on 8/23, 1950, and that death occurred at 3:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hanson D George MD Denton 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 26, 1950 | NAME OF CEMETERY OR CREMATORY: Denton | LOCATION (City, town, or county) (State): Denton Maryland

DATE REC'D BY LOCAL REG. 8/26/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: J. Virgil Moore, Denton Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08051

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CAROLINE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FEDERALSBURG (RURAL); LENGTH OF STAY (in this place) 2 1/2 WKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELAWARE; COUNTY NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILMINGTON
STREET ADDRESS (If rural give location) 2404 WASHINGTON ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NAOMI	O'BIER	LLOYD	AUG	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	MAY 15 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	WIDOWED	BETHEL, DELAWARE	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS ENGLISH	LUCRETA ELLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	NONE	MRS. FLORENCE MESSER - FEDERALSBURG MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
192X Immediate cause	(a) Carcinoma left eye c generalized metastases	-6 yrs
Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1950	Carcinoma left eye	Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 1st, 1950, to Aug 11th, 1950, that I last saw the deceased alive on 8/11, 1950, and that death occurred at 10.55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank M. Anderson M.D.	Federalsburg, Md	8/11/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	13 AUG 1950	ODD FELLOWS CEMETERY	SEAFORD	DELAWARE

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 12, 1950	S. S. Frampton	MEDFORD L. WATSON JR	SEAFORD DELAWARE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
LENGTH OF STAY (in this place) 74 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Alvin (Middle) (Last) Pinder
4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 50
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/20/1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laboror
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Pinder
14. MOTHER'S MAIDEN NAME Jane Hershey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-09-7557
17. INFORMANT AND ADDRESS Mary Pinder Greensboro, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

131a (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1949, to Aug. 6, 1950, that I last saw the deceased alive on Aug. 6, 1950, and that death occurred at 2:30P. m., from the causes and on the date stated above.

SIGNATURE Clark H. Hanesfer M.D. (Degree or title) ADDRESS Greensboro Md DATE SIGNED Aug 7 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/8/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Maryland
DATE REC'D BY LOCAL REG. Aug. 7-1950
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1950
BUREAU U.S.

Evidence for change of age: Birth Certificate on file here-Delayed Registration #25818. 9/12/50 dm.

08053

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

BC

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1937 Madison Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) OCTAVIA (Middle) EVANGELINE (Last) RANEY

4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Apr. 8, 1907
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher
10b. KIND OF BUSINESS OR INDUSTRY Teaching
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sherman Bailey
14. MOTHER'S MAIDEN NAME Sadie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Vernon Raney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral Hemorrhage	3 hrs
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1950, to Aug 11, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 2:55a m., from the causes and on the date stated above.

SIGNATURE H. L. Small (Degree or title) M.D. ADDRESS Denton, Md DATE SIGNED 8/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 16, 1950
NAME OF CEMETERY OR CREMATORY Int. Olive Cemetery
LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REG. 8/13/50
REGISTRAR'S SIGNATURE Wm D O Geard
24. FUNERAL DIRECTOR J. Virgil Moores Son, ADDRESS Denton, Md

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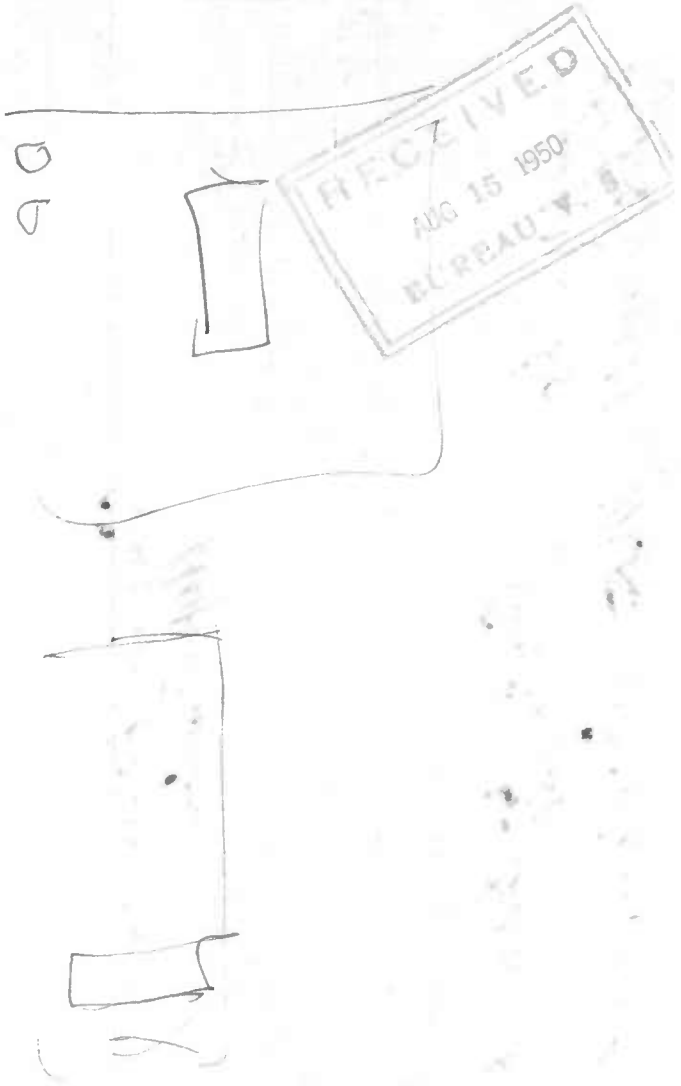
VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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AUG 15 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08054

Reg. Dist. No. 63

not cb

1. PLACE OF DEATH · COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Henderson — LENGTH OF STAY (in this place): 3 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Statton Island
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): Bay Street

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle)	(Last) Schofield	4. DATE OF DEATH	(Month) 8	(Day) 31	(Year) 50
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 5/11/1878	9. AGE last birthday: 72 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinest	10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): York England			12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Esra Schofield			14. MOTHER'S MAIDEN NAME: Amilia Sykes				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 148-09-6236	17. INFORMANT AND ADDRESS: Dorothea Butler Henderson, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exhaustion	2 yrs.
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	5 yrs
832	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1950 to July, 1950, that I last saw the deceased alive on 7/30, 1950, and that death occurred at 4:50A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. J. Selvin MD		Goldsboro Md	9/1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 9/5/50	NAME OF CEMETERY OR CREMATORY: Valhala	LOCATION (City, town, or county) (State): Statton Island, N.Y.
DATE REC'D BY LOCAL REG.: 9-4-50	REGISTRAR'S SIGNATURE: A Clark Smith	24. FUNERAL DIRECTOR: R. B. Rawlings	ADDRESS: Greensboro, Md.

32699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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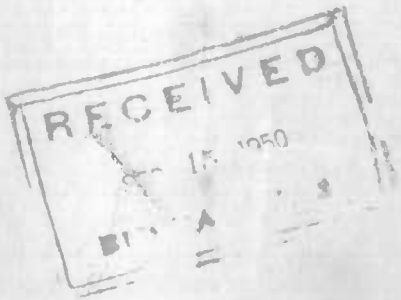
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MARYLAND STATE DEPARTMENT OF HEALTH

08055

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 318 Park Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) 318 Park Avenue

3. NAME OF DECEASED (Type or Print): (First) Albertina (Middle) (Last) Washington

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 27, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Magee

14. MOTHER'S MAIDEN NAME: Rhoda (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Edgar Magee, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 5 M/N

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis
(c)

4201
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24th, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 29, 1950 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W. L. Lennon M.D. | Federalsburg, Md | Aug 31st 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 2, 1950 | NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery | LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: September 1, 1950 | REGISTRAR'S SIGNATURE: J. J. Frampton | 24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

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